

APPOINTMENT OF ALTERNATE AUTHORIZED REPRESENTATIVE

Project No. _____

The _____, as legislative body of the applicant, hereby authorizes _____ to act as an alternate authorized representative of the applicant for the purpose of furnishing to the State of Vermont such information, data and documents pertaining to the above noted project as may be required and otherwise to act as the authorized representative of the applicant in connection with the project. Correspondence should be sent to the authorized representative at the following address:

Phone Number Fax Number

Email Address

Done this _____ day of _____, 20_____.

BY: _____
(Name of Municipality)

(All or a majority of its legislative body)